



ALLYSHIP THAT SAVES LIVES:

Policies to support youth-in-transition

Jully Myrthil, Nhi Nguyen, Theo Schwartz, Trace Terrell, Jessica Makin, Kayla Tawa, and Nia West-Bey

Introduction

Young people are experiencing a mental health crisis.¹ Data from July 2022 showed that **73 percent of young adults** reported some level of anxiety and depression.² Young people, especially transition-age youth (ages 16-25), face many issues as they transition to adulthood, including high rates of being uninsured, a shortage of youth-friendly providers, a lack of integrated care, and service cliffs as they transition from the child-serving to the adult-serving system.³ Policymakers at the national, state, and local levels have proposed policy solutions to improve access to care for transition age youth (TAY); however, many of their policy proposals are **missing one key ingredient—youth voice**.

The Youth-in-Transition Policy Summit sought to change that...

On April 4 and 5, 2023, the Utah Department of Health and Human Services (DHHS) Office of Substance Use and Mental Health, the Center for Law and Social Policy (CLASP), and the National Alliance on Mental Illness, UTAH (NAMI Utah) hosted the first Youth-in-Transition Policy summit. The summit highlighted 5 policies focused on improving access to mental health care for transition-age youth. A panel of youth experts facilitated the policy presentations, evaluated each policy, and offered suggestions to panelists on how to improve their policies to better meet the needs of young people.



Throughout the summit, the youth panelists emphasized the importance of youth involvement in shaping the policies that impact young people. They urged policymakers to prioritize their experiences in policymaking. Policymakers must invest in young people, embed and center them in all systems and systems development. Young people can understand policy levers, ask necessary questions, design programs and support systems, and evaluate program effectiveness. Youth are consultants and professionals, equal partners, and stewards of their own lived experiences—**they deserve a seat at the table, and if they're not invited they will bring their own chair**. Centering youth voice is not just about listening to their stories, it's about turning the listening into real action and change.

To create transformational systems for young people, policymakers must co-design policy solutions with young people. Failure to authentically engage young people results in systems with increased barriers to care, which means more young people are unable to access the care they want and need. As Trace Terrell, one of the youth panelists who spoke at the summit said: **"Allyship saves lives."**

"There's a lot of respect among the practitioners we've heard from . . . in recognizing that who they are and honoring who they are not only helps them thrive and grow, but is aligned with the changes that are happening in the brain. The brain regions that are becoming better at sensing respect or disrespect, or better at sensing the true connections, grow during adolescence. And so all of this can help us shift cultural narratives around young people." Dr. Adriana Galvan

Assessing authentic youth engagement

Offering opportunities for authentic youth engagement is essential to support adolescent development, and for the health of communities.⁴ In this context, understanding how young people have (or have not) been engaged in the process of bringing problems to the attention of policymakers, identifying solutions, developing policy proposals, and championing adoption of new policies, policy implementation, and evaluation is critical. Authentically engaging young people in each stage of the policy change process is aligned with developmental science, and increases the likelihood of effective policymaking that meets the needs of young people. It also minimizes unintended consequences which are often the result of policy developed exclusively by people who have not experienced the issues to be addressed and will not be impacted by the proposed change.

Tools for Assessment

One tool to assess authentic youth engagement is Hart's (1993) ladder.⁵ The ladder includes 8 rungs that describe different ways to engage young people. The first 3 rungs (manipulation, decoration, and tokenism) are harmful and are not considered authentic youth engagement in this framework. However, many well-meaning adults engage in these strategies, especially tokenism. Evidence of tokenism includes asking a single young person to represent all young people in a conversation without an analysis of power dynamics, asking young people to "share their stories" for the benefit of adults without engagement around solutions or providing appropriate support, and failure to fairly compensate young people for their expertise.

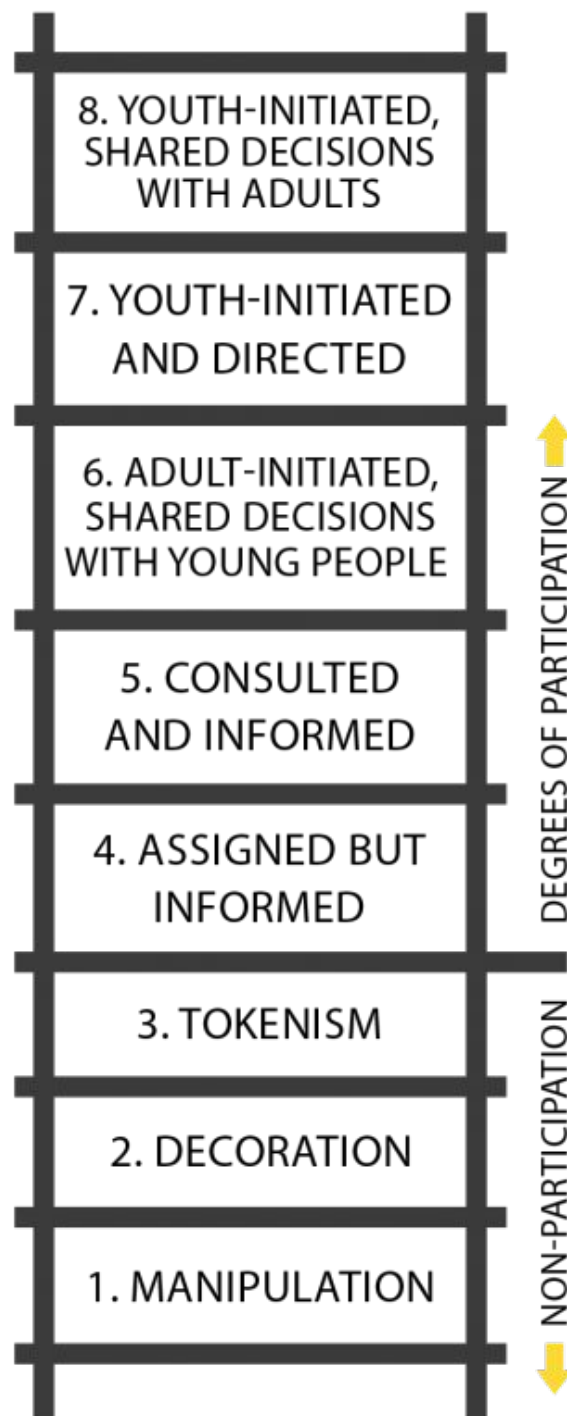


Image 1 - Hart's (1993) Ladder

Assessing authentic youth engagement

Rung	Definition	Example
4	Assigned but informed	Multiple young people are part of a panel; they receive the questions in advance but do not help shape them
5	Consulted and informed	Young people participate in a focus group; the subsequent recommendations are shared back by adults
6	Adult-initiated, shared decisions	A youth advisory board collaborates on the direction of a project initiated by adults
7	Young people initiated and directed	Young people plan a walkout to protest school shootings; often on this rung there is some distrust of adults that prevents young people from looping them in
8	Young people initiated; shared decisions with adults	Young people and adults engage in co-creation, power sharing, and full partnership that follows young people's lead.

Rungs 4 through 8 on the ladder all describe various levels of authentic youth engagement. Each step represents different levels of adult vs. youth leadership and different degrees of shared power and decision-making. Although achieving true shared decision-making is an important goal, different rungs on Hart's ladder can be useful or appropriate for different projects, different phases in the life of a project, and different levels of adult readiness. It is essential to be intentional about analyzing where an effort falls on this continuum and ensuring clarity and transparency with youth partners.

The 2023 Utah Youth-in-Transition Policy Summit

"How do we create a system of care that young people want to come to and actually get what they need in a timely way?" Dr. Angela Diaz

In mid-2022, the transition-age youth (TAY) services team at the DHHS Office of Substance Use and Mental Health engaged in discussion about the idea of hosting a policy summit to highlight policies that impact youth and young adults. The policy summit, developed in partnership with the Center for Law and Social Policy (CLASP) and the National Alliance on Mental Illness, Utah (NAMI Utah), would highlight policies around the country that impact transition-age youth.

The dual purposes of the policy summit were: 1) to showcase recent system-level policies, which have been implemented for at least 6 months and preferably 12 months designed to improve services for transition-age youth (ages 16-25), and 2) to examine the levels of youth engagement in the development and implementation of these policies. We hoped that through a careful analysis of these policies, we would learn valuable lessons on developing youth-in-transition policies and ways to improve youth engagement in that process.

The desired outcomes of the policy summit:



Encourage policymakers and influencers to understand the importance of transition-age youth related policy work and shift their thinking about youth engagement.



Improve the visibility of transition-age youth and youth-driven policies and processes.



Demonstrate the importance of authentic youth voice and how it can be used to impact change.



Influence policymakers to adjust their actions regarding how they engage young people in policy change that impacts them.



A key element in facilitation of the summit was to engage youth and young adults in policy analysis. Youth across the country were encouraged to apply to participate in the youth panel. Youth coordinators with DHHS created the application for the youth panelists to ensure it was youth-centric. Information about the application was sent to local organizations in Utah, SAMHSA grantees that involve transition-age youth, Youth MOVE national contacts, and CLASP contacts. We received applications from 17 youth and selected 5 to participate in the youth panel. Youth panelists represented Oregon, Mississippi, New Hampshire, Rhode Island, and Utah.

Youth Panelists



Trace Terrell (he/him):

Trace is a mental health activist, peer health educator, and strategic storyteller from Oregon.

Tyren M. Boyd Jr (he/him):

Tyren is a high school senior with a passion to serve, lead, and fight for the advances of his peers.

Nhi Nguyen (she/her):

Nhi is an ARISE (Alliance of Rhode Island Southeast Asian for Education) youth leader from New Hampshire. She advocates for issues important to her, such as the ethnic studies campaign and diversifying the curriculum.

Jully Myrthil (she/her):

Jully is a project leader and a board member at Young Voices and serves on the Rhode Island Department of Education's Multilingual Learner Youth Ambassador team.

Natalie Clark (she/her):

Natalie currently holds the role for the first Lived Experience position in the state of Utah's child welfare program serving transition-age foster youth.

Agenda at-a-glance:

Day One

Opening keynote: Dr. Angela Diaz, Mount Sinai Adolescent Health Clinic

Policy presentation: North Carolina Integrated Care for Kids

Lunch keynote: Lydia Proulx, Youth MOVE National

Policy presentation: California Children's Partnership/National Black Women's Justice Initiative

Policy presentation: DHHS Utah Division of Juvenile Justice and Youth Services



Day Two

Policy presentation:
Milwaukee County
Wraparound

Policy presentation: Youth
MOVE PA

Lunch keynote: Dr. Adriana
Galvan, UCLA Department of
Psychology



Agenda at-a-glance:



Participants in the policy summit included people from 27 states and 1 territory and transition-age youth made up 20% of the participants. Participant expertise included: child welfare and juvenile justice, behavioral health, youth advocacy, suicide prevention, healthcare transitions for youth, school mental health, substance use prevention, youth homelessness, peer support, secondary and post-high school education, and national agencies focused on youth.

Five organizations were selected from around the country to present their policies. They completed a rubric (see appendix) to self-rate youth engagement in the various stages of the policy development and implementation process. Each presentation lasted 50 minutes with 25 minutes to present the policy and 25 minutes for a dialogue with the youth panel on the level of youth engagement. Descriptions of each of the 5 policies presented at the summit, along with an assessment of strengths, weaknesses, and recommendations follow.

The Children's Partnership: Hope, Healing, and Health Collective: H3C

Before the COVID-19 pandemic, as many as 20% of youth reported a mental health challenge each year. The pandemic escalated the mental health crisis with the majority of young people reporting some level of anxiety or depression.⁶ The Hope, Healing, and Health Collective (H3C) led 6 listening sessions with a total of 42 youth from across the country. It was co-developed and facilitated by the youth leaders in organizations from across the country with support from adult allies in clinical services, youth development, community organizations, and public policy. The youth leaders translated what they heard and learned from their peers into a set of policy recommendations and a high-level roadmap for policymakers to begin to enact a policy agenda that centers around the experiences of Black and Latina Girls, Indigenous Youth, and LGBTQ+ Youth of Color (BIPOC).

The H3 Collective worked together to engage in intensive discussions about the mental health needs of marginalized youth of color, as well as common barriers BIPOC youth encounter when seeking help. Their goal was to expand the availability and accessibility of culturally responsive and gender-affirming mental health services and support for marginalized youth. Despite evidence of a demonstrated need, youth of color do not engage in traditional clinical mental health services at the rates they indicate they need support. Addressing these issues will require policymakers to confront multiple sources of inequity across the mental health, physical health, education, and other youth-serving systems. H3C demonstrates that high-school-aged youth are capable of effectively collaborating with adults and leading efforts for systemic change. The initiative culminated in a report that includes detailed policy and systems change recommendations that center the perspective of BIPOC youth.⁷ One goal of H3C was to build advocacy capacity of partners to continue to engage in advocacy aligned with their research findings.

Although they are still in the early stages of implementation, several members of the H3C project work to advocate for policy changes aligned with their recommendations. For example, the Collective supported California Senate Bill 1019 which would require health plans contracted with the state's Medicaid agency to conduct outreach and education to families about their mental health benefits. The CA legislature also approved a \$10 million investment in High School Peer Support, and the Children's Partnership is cosponsoring AB 665 to allow minors ages 12–17 to consent to mental health services under Medi-Cal. Although young people can already consent to mental health care in California, young people on Medi-Cal face additional barriers that higher income peers do not. Another partner put forward a bill and budget proviso in Washington state to fund anti-bias training for public systems' caregivers which will be re-introduced this year.

The H3C youth-centered approach is commendable. They shared, "It was important for us, as adults, to step back so the youth leaders could step into their leadership and guide the work of the H3 Collective." They recognized the significance of stepping back as adults to allow youth leaders to assume leadership roles and guide the work of the H3 Collective. By doing so, H3C's adult allies showcased a strong commitment to empowering young people and acknowledged the value of their perspectives. This approach not only fosters an environment that encourages young individuals to take ownership of the process, but also instills confidence in their leadership abilities. We recommend the H3C team continue to evaluate the impact of the initiative on the youth who participated to assess the long-term impact of this initiative.

Key Takeaways

- ✓ A seat at the table where young voices can be heard is not just desirable; it is imperative. H3C understands this fundamental truth and has made proactive efforts to make sure young people are included in decision-making processes.
- ✓ Involving young voices in policy development creates a more holistic, comprehensive approach.
- ✓ This model serves as an inspiration for other policymakers in the future to center BIPOC youth in policy development.

Youth MOVE PA: Youth Peer Support

The Youth MOVE PA peer support system for transition-age youth involves engaging youth in mentoring support throughout public schools and communities around the state. This was initiated by youth and supported by adult allies. The structure and curriculum of the peer-mentor support group was created by a working group that was part of a National Youth Advisory Council. Development began in 2017, and over the past year the program was piloted in partnership with local Pennsylvania high schools to fill a gap in peer services for youth and young adults. From 2017-2022, the program was piloted in rural and urban areas throughout the country to test efficiency in different geographic areas. Afterward, the Peer Generation Youth Empowerment (PGYE) Implementation team evaluated the impact of the training and asked youth to self-report their mental well-being using a Likert scale.



Key Takeaways



Involve youth in the evaluation of the peer-to-peer program to see how it can reach more youth and help them access services to improve their mental health.



Consider adding a youth council program to oversee the growth and setbacks of the program. Young people are more likely to be honest with their experiences with the program and report any problems that occurred.

The PYGE curriculum is an introduction to peer support to give high school students an inner look into a career path and possibilities for how peer support environments can look for themselves and their peers. Youth MOVE PA offers the Youth Peer Support Training, which supports youth to build resiliency, develop a sense of belonging through community, and explore career pathways and self-discovery. Adult support for these youth appears to be strongly acknowledged in peer support training. The training sessions provided a period of recovery from the consequences of burnout, compassion fatigue, and more. The strengths of this program included systemic engagement with youth and their peers, as they are the ones who build the support system for each other and are the most knowledgeable about current struggles they face. Another notable strength is how this model is implemented in Pennsylvania public schools which promotes a healthy culture around mental health in schools and allows for more honest conversations between students and teachers.

Through the strengths of accessibility to peer-to-peer support and Peer Generation training, the Youth MOVE PA program has been very successful in providing a supplement for clinical professionals. One weakness of the Pennsylvania program is the evaluation process of the peer-mentoring program. To date, there is a lack of research to follow up on the quality of youth mental health and it raises questions about the effectiveness of the program. Furthermore, the next steps to make the peer-support program accessible to more Pennsylvania schools are unclear, and youth have not been involved in the evaluation process. Another area of concern is how Youth MOVE PA themselves does not provide any additional Medicaid billable services in case youth need more support outside their peers. The PGYE Curriculum is owned by the Copeland Center for Wellness and Recovery, a nationally recognized leader in lived experience youth leadership work.

Wraparound Milwaukee

Started in 1995 with financial support from the Center for Mental Health Services, Wraparound Milwaukee is an integrated care model that supports the behavioral and mental health needs of children and adolescents both in and out of the juvenile justice system. Transitions to adulthood programming has been included under the Comprehensive Community Services (CCS) to allow for greater sustainability and flexibility. Wraparound programs include CCS, REACH (a behavioral health program), Wraparound, and Youth Connect. All participants in all programs have access to the Milwaukee County Mobile Crisis team and many have crisis stabilization services available on the child and family team.



Key Takeaways

- ✓ Focus on ensuring meaningful and worthwhile opportunities for high-level engagement are available to youth.
- ✓ Make sure youth input, insight, and lived experience is translated into tangible impact, design, and direction.
- ✓ Clear and robust power-sharing relationships between adults and young people must extend beyond councils, committees, and focus groups.

This nested and blended structure is essential because it streamlines the continuum of care for adolescent behavioral health. Far too many young people receive essential services only to later have their access restricted or cut off when they age out, no longer meet criteria, or no longer need the same extent or degree of services. Ensuring this population has access to established follow-up and follow-through care, regardless of their situation and circumstances, is important and often life-saving. In addition, the decision to house all programs in 1 model alleviates the burden on children and their families to find the resources themselves, which is an arduous task in the current behavioral health landscape. As seen with other integrated care models, Wraparound Milwaukee lacked youth involvement in the creation, adaptation, and implementation of its model. During the summit, Wraparound was candid about the barriers and challenges it faced facilitating a youth council.

The extent to which the council helped with program direction and impact was unclear, and council members did not have access to meaningful opportunities for high-level involvement. In addition, there was the added barrier of a lack of sustained youth engagement on the council, and efforts to assess the reasons for this were also unsuccessful. Only Owen's Place—a drop-in center for youth by youth covered under the program—had significant youth involvement. As the longest established policy initiative we heard from, we recommend young people be engaged as evaluation partners to answer key questions about the program's impact.

North Carolina Integrated Care for Kids: (NC InCK)

Children, adolescents, and families continue to face the failures of a broken and siloed healthcare system. After seeing how this issue affected their patients, clients, and fellow North Carolinians, a group of healthcare workers, public health professionals, and state leaders sought to reimagine healthcare in the state. Using a multimillion dollar funding opportunity from the Center for Medicare and Medicaid Services (CMS), this group created and invested in a new whole-person, whole-health model for those ages 0-20 who receive coverage from Medicaid and CHIP: North Carolina's Integrated Care for Kids (NC InCK).



Key Takeaways

- ✓ Intentional involvement of youth in the creation, adaptation, implementation, and evaluation of the high-level workings of the model.
- ✓ Mechanisms to hold the model accountable to the people it serves—children and families—through committees, consulting opportunities, and more.
- ✓ Strong qualitative and quantitative data collection and evaluation practices.

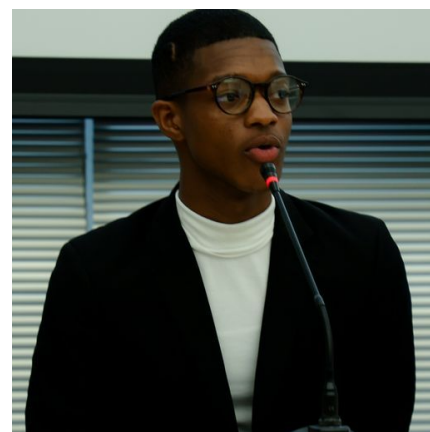
NC InCK was piloted in 5 counties in 2022 with more than 100,000 eligible young people. The model works to reduce out-of-home placements and avoidable hospitalizations, establish robust Alternative Payment Models, and improve child and adolescent health through cross-sector partnerships with education, housing, food, legal, behavioral, and financial services. Data collection and evaluation are relative strengths for NC InCK; quantitative and qualitative measures like Kindergarten Readiness metrics and care plan assessments help to evaluate and innovate the program. NC InCK also uses various steering committees like a family council and a youth council to guide its future direction. NC InCK recognizes that integrated care makes it easier for someone—especially a young person—to receive multimodal care. Needs are not left at the door, which is essential for individuals who might otherwise struggle to access services in other sectors.

In meshing the service network and blending funding structures, NC InCK also helps bridge the common interest of the various youth-serving organizations in the state: ensuring that all children are happy, healthy, and able to flourish. One of the pitfalls of NC InCK was the overall lack of youth involvement in the creation, adaptation, and high-level workings of the model. The family council and youth council are important first steps, but more could be done to ensure that mechanisms exist to hold NC InCK—and the adults who facilitate it—accountable to the insight and lived experiences of young people in the area. In addition, the current evaluation and assessment plans left more to be desired, and for a reform like this, clear, accurate, and responsive data is needed.

DHHS Juvenile Justice and Youth Services

In Utah, there was tension in maintaining continuity of services for youth who leave state custody. Utah has worked aggressively to reduce the census of young people in secure care, freeing up funding to do front-end prevention work. Utah state legislation pushed to reinvest dollars from incarceration reduction, with the support of Families First Service Act funding, to invest in early intervention.

Specifically, a main barrier for youth recently out of incarceration to transition back into the community was accessing additional services to address housing or food security. In Utah, young people would need to make \$22 an hour to maintain a studio apartment. The high living costs in Utah result in kids remaining in custody. It left youth with limited care to support them as they headed toward independence.



Key Takeaways

- ✓ Additional policy changes are needed to address the deeply rooted problems in the juvenile justice system.
- ✓ Reform the type of charges that will allow young people to enter secure custody. For example, historically, contempt or truancy charges could land a youth into custody, promoting the school-to-prison pipeline. To address these issues, there needs to be more education in school communities to make sure young people can get help without going further into the system.
- ✓ Youth need to be involved in the decision-making process about the policy changes in the Utah DHHS Juvenile Justice and Youth Services system. When asked any questions that involve their engagement, answers were scarce. It shows the lack of input from youth currently as they are the ones being affected by a failed system and could provide the most insight into their struggles.

Utah's DHHS Division of Juvenile Justice and Youth Services proposed a bill to allow youth who have served their incarceration period to voluntarily take advantage of services until age 25. To support young people's transition back to the community, the division implemented voluntary service agreements that allow youth to continue to access services through the division once they are back in the community. The program served 700 kids in the early days and resulted in a >50% reduction in incarceration among female youth. Although there was an initial increase in recidivism, early signs in 2023 show a decrease. In addition, early signs indicate youth of color are able to access early intervention programs and achieve a higher "survival" rate.

Currently, the Utah DHHS Juvenile Justice and Youth Services are working to make expungement more available to young people—generally a positive development. One unintended consequence of records expungement was that voluntary services were offered to these youth, but when they would return seeking services, there was no record of them in the system. The agency had to change internal policies to facilitate access to services for youth who were able to have their records expunged, including a request for youth to bring expungement records or existing voluntary service agreements when seeking services.

Policy levers for youth-in-transition

As these policies demonstrate, policymakers have used several policy levers to achieve policy changes on behalf of transition-age youth. Key levers used by the featured policy efforts include:

State Legislation

One lever to achieve policy change on behalf of transition-age youth that is familiar to many advocates is state legislative change. State legislatures regularly introduce legislation on a variety of topics during each legislative session and advocates can meet with state legislators to advocate for and against legislation that has been introduced. The Children's Partnership/National Black Women's Justice Initiative supported some state legislation aligned with the findings of their youth-led research project. State legislation also supported Utah's juvenile justice reform efforts.

State Administrative Change

A lever to achieve policy change on behalf of transition-age youth which is less familiar to many advocates is state-level administrative change. Administrative changes can be made outside of the legislative process, usually at the discretion of state agency leaders or the governor's office. These changes can include:



Regulations: these are the rules that define how a law is implemented. This is 1 of the more formal processes for administrative change, often called for by underlying legislation and includes requirements for periods of public comment.



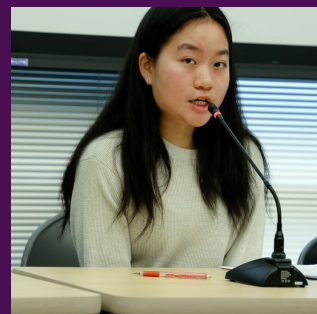
Guidance: further explains a law or regulation. Guidance cannot change anything about the underlying law or rule, but can clarify confusion, provide examples of best practice for implementation, or emphasize the opportunities within a law or set of regulations.



Budgets: although there is a legislative component, agencies can use their discretion to direct funding to specific programs or populations, or to allocate cost savings. State agencies cannot change the total amount allocated by the legislature, but can make decisions about priorities and allocations for specific programs.



Practice: sometimes, barriers are created by a long-standing practice that is not actually required by any law or regulation. As a result, meaningful change can be achieved by changing "ways of doing business" that do not require formal policy change.



Each of these tools provides an opportunity to improve services on behalf of transition-age youth. Utah used administrative changes to enact policy change on behalf of young people as part of reform to their juvenile justice system, and Wraparound Milwaukee braided funding streams across agency budgets to sustainably and holistically support young people.

Policy levers for youth-in-transition

As these policies demonstrate, policymakers have used several policy levers to achieve policy changes on behalf of transition-age youth. Key levers used by the featured policy efforts include:

Medicaid demonstration waivers

Another lever available to policymakers interested in meeting the needs of transition-age youth is 1115 waivers under Title XIX of the Social Security Act, better known as Medicaid demonstration waivers.

Medicaid is a public health insurance program that covers millions of people with low incomes including children, parents and other adults, seniors, and people who have disabilities. Medicaid is jointly funded by states and the federal government, and is administered by states, within federal requirements.

States have significant discretion in what services to cover, how much to reimburse providers for services, who to consider a provider, and, within limits, who to cover. Frequently, states exercise this discretion via waivers; waivers are requests from states to the Center for Medicare and Medicaid Services (CMS) to waive a federal program requirement to allow states to try something new.



For example, a state might submit a Medicaid waiver to provide a service to a particular age group, or in a limited geographic area in a state.



Sometimes a 1115 waiver allows a state to demonstrate the effectiveness of a particular service or strategy before making the change available more broadly.



Both Pennsylvania and North Carolina used 1115 waivers to make changes to the services available to transition-age youth in their states.

To the top of the ladder: a co-designed policy future

There is currently significant misalignment between how systems and policy are structured and what adolescent science recommends and young people say they need. The policy initiatives shared as part of the summit provide reason for hope. The summit uncovered three 3 key themes that must guide policymakers as they work toward comprehensive and holistic support for transition-age youth:

As noted by youth panelist Trace Terrell, "The flower cannot grow with just water," How can we expect people to flourish when some of their needs are met but others are left at the door?

Integrated care

Instead of leveraging primary care settings as sites for the early prevention and detection of mental and behavioral health concerns, or as preceptors for the referral process to housing and food services, the current framework emphasizes the treatment of just 1 condition and not the network of risk factors, determinants, and comorbidities behind it. It's a superficial fix to a deep-rooted problem. As a result, young people do not receive the care they need or deserve.

Integrated care models should be part of the expectation of care for young people. Integrated care models, like NC InCK, Wraparound Milwaukee, and the Mount Sinai Adolescent Health Center have transformed care for young people who are able to access these services. These care models save lives, and must become the standard of care for transition-age youth. This will require cross-sector collaboration, and federal/state collaboration to make sure the model grow beyond demonstrations to sustainable, permanent strategies embedded in our systems.

Peer-to-peer support



Youth themselves can effectively design programs and lead their own support systems. Innovative strategies such as those used by Youth MOVE PA capitalize both on policy changes that have made peer support available to youth as young as 14, and lay the foundation for a future where Medicaid reimbursement policy and peer support certification are aligned in a way that understands young people's key role in supporting the mental health of their peers.

Youth are capacity builders. Young people know how to offer support and peer-to-peer models can support both youth mental health and address the mental health workforce shortage. Policymakers must work toward a mental health system that recognizes, sustainably funds and takes seriously the role that young people have to play in each others' care.

Youth engagement

Above all, these policies both elevate the power of authentic youth engagement and the risks of failing to effectively engage youth. The work of the H3C Collective generated a powerful set of policy recommendations by centering the lived experiences of young people of color. This work resonates with young people because it is by and for them, and the recommendations have the potential to generate transformational change. On the other hand, several of these initiatives experienced challenges that would not have been identified without youth input, and can not be addressed effectively without it.



“Before agencies or communities commit to the idea of youth engagement as a strategy, we want them to be sure they assess their current agency culture, their current capacity. Make sure we are identifying our supportive champions who can really talk about the cause and really speak to folks about why youth voice and engagement, particularly in this policy work, is so essential.” Lydia Proulx

The Utah DHHS Division of Juvenile Justice and Youth Services would not have been able to identify the unintended consequences for service access on records expungement without this input. Young people can provide critical feedback and youth understand other youth. When programs and policies don’t work as intended, policymakers must ask youth what makes them stay involved in programs, or what keeps them away.

Youth engagement is also an opportunity for youth development and a critical support in its own right. Many policy efforts have a long way to go in their authentic youth engagement efforts, but they are taking steps in the right direction. Policymakers must prioritize young people’s experiences in policymaking to achieve the change that young people want and deserve.

Conclusion

Youth panelist Natalie Clark described a perfect world for youth **where youth are respected, valued, have a seat at the table, and where adults remember what it's like to be young.** The Utah Youth-in-Transition policy summit is a **powerful demonstration of what co-designed with shared decision-making** (rung 8 of Hart's ladder) can look like in practice. From the planning to the execution to drafting this report, this effort has been a true partnership between young people and adults. Youth panelists asked the questions that people didn't think they were capable of asking, and brought out a level of **honesty and vulnerability in our policy presenters that is the mark of a true growth opportunity.** Young people are the power that must run this country.



We need to invest in youth, protect them, and embed and center them in all of our systems.

The policies presented at the first Utah Youth-in-Transition policy summit reflect **key systems changes** that are making a difference for young people in communities around the country. They also point to the many tools in our collective policy toolbox that can support needed change. Young people want every chance to be involved, to see their stories heard. And they want to know that listening can be turned into action and change. As adult partners, systems leaders, and policymakers, it is **our responsibility to create space for young people.** It is our best chance to achieve the systems and policies that transition-age youth deserve.

Endnotes

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Appendix

Policy Summit Rubric			
Action	<p>Assign the best fitting score for YOUTH INVOLVEMENT and explain why it was selected:</p> <p>0 - Youth were not involved in any way 1- Youth were included but without a meaningful role 2- Youth were consulted but adults ultimately made the decisions 3- Adults initiated the action; youth and adults collaborated on decisions 4- Youth initiated the action; youth and adults collaborated on decisions 5- Youth initiated the action and ultimately made the decision, with or without adult consultation NA- Not applicable</p>	<p>List all underserved groups, potentially affected by the policy, that were involved in the action. Underserved groups may include racial or ethnic minorities; LGBTQIA+ folks; people who use drugs; religious minorities; sex-workers; incarcerated or formerly incarcerated; people with physical, developmental, mental or cognitive disabilities; recent immigrants; people with low income; individuals experiencing homelessness; etc.</p>	<p>Comments and follow-up questions:</p>
Bringing the problem to the attention of policy maker(s)			
Identification of potential policy solution(s)			
Creation of the policy proposal			
Championing adoption of the policy			
Implementation of the adopted policy			
Evaluation of intended and unintended impacts of the policy, as implemented			
Adaptation or amendment of policy based on evaluation results			



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